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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\*** XLB  
 This appln claims benefit of 60/471,535 05/19/2003  
 and is a CIP of 10/614,394 07/03/2003  
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**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** NONE

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED** \*\* SMALL ENTITY \*\*  
**\*\* 06/22/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>XLB</u> Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 61	<b>INDEPENDENT CLAIMS</b> 7
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**TITLE**  
 Telephone call initiation through an on-line search

<b>FILING FEE RECEIVED</b> 926	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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